

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027818

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

107

Primary Registration District No.

3019

Registrar's No.

149

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY

DUNKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KENNETT

Length of stay in 1b
45 Minutes

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DUNKLIN CO. HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY DUNKLIN

c. CITY OR TOWN MALDEN

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
904 Ohio ST.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Charles Middle ORICK Last RIGGS

4. DATE OF DEATH
Month JULY Day 23, Year 1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-9-1916

9. AGE (last birthday)
53 Yrs.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
City Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
MALDEN, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
CHESTER B. RIGGS

13b. MOTHER'S MAIDEN NAME
VALERIA SMITH

14. NAME OF HUSBAND OR WIFE
JUANITA RIGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, () or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
JUANITA RIGGS, MALDEN, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction
coronary artery occlusion

INTERVAL BETWEEN ONSET AND DEATH
2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-7-54 to 7-23-63 and last saw her alive on 7-23-63
Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title)
Magne Cream

22b. ADDRESS
Malden Mo.

22c. DATE SIGNED
7-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
7-25-1963

23c. NAME OF CEMETERY OR CREMATORY
MEMORIAL PARK

23d. LOCATION (City, town, or county) (State)
MALDEN, DUNKLIN, MO.

24. FUNERAL DIRECTOR ADDRESS
DAY & KNIGHT F.H. - MALDEN, MO.

25. DATE RECD. BY LOCAL REG.
7-26-1963

26. REGISTRAR'S SIGNATURE
Gust. J. Hubbard

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATE OF MASSACHUSETTS

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Phannan

Licensed Embalmer No. 4086
P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.